Date June 13, 2007

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				Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 10/670),111		
FEE TRANSMITTAL				Filing Date	9/	9/24/03			
For FY 2007				First Named Inventor Timoth			hy W. Hill		
Analisant delina analisantitu etetra Con 27 CED 1 27				Examiner Name Beauchaine, Mark J.			J		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 3653					
TOTAL AMOUNT OF PAYME	NT (S	\$) .00		Attorney Docket N	lo. \$2	47 1020	.1		
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 09-0528 Deposit Account Name: Womble Carlyle Sandridge & Rice, PLLC									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments									
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card									
information and authorization on PTO-2038.									
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)									
1. BASIC FILING, SEARC				DU EEEO	EVANIN	IATION:	EEEQ		
		Small Entity	EARC	CH FEES Small Entity		IATION <u>Small E</u>		· · · · · · ·	
Application Type	Fee (\$)		<u>ee (\$)</u>		Fee (\$)		_	Fees Paid (\$)	
Utility	300		500	250	200	100			
Design	200		100	50	130	65		4.4000	
Plant	200	100 3	300	150	160	80			
Reissue	300	150 5	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEES							e (\$)	Small Entity Fee (\$)	
Fee Description Each claim over 20 (including Reissues)							50	25	
Each independent claim over 3 (including Reissues)							00	100	
Multiple dependent claims							60	180	
Total Claims E	xtra Cla	ims Fee (\$)	Fee	Paid (\$)		<u>Mu</u>	tiple Dep	endent Claims	
16 - 20 or HP =	0	x 25.00 =		.00		<u>Fe</u>	ee (\$)	Fee Paid (\$)	
HP = highest number of total cl	ams paid xtra Cla	-	Fee!	Paid (\$)					
4 3 or HP =	0_	x <u>100.00</u> =		.00					
HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x =									
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge):									
Other (e.g., rate filing s	sui ciiar	ge/·							
SUBMITTED BY			т-						
Signature (ludu	J-G	lubert		Registration No. Attorney/Agent) 50	,202		Telephone	404-879-2453	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Name (Print/Type) Andrew N. Claerbout